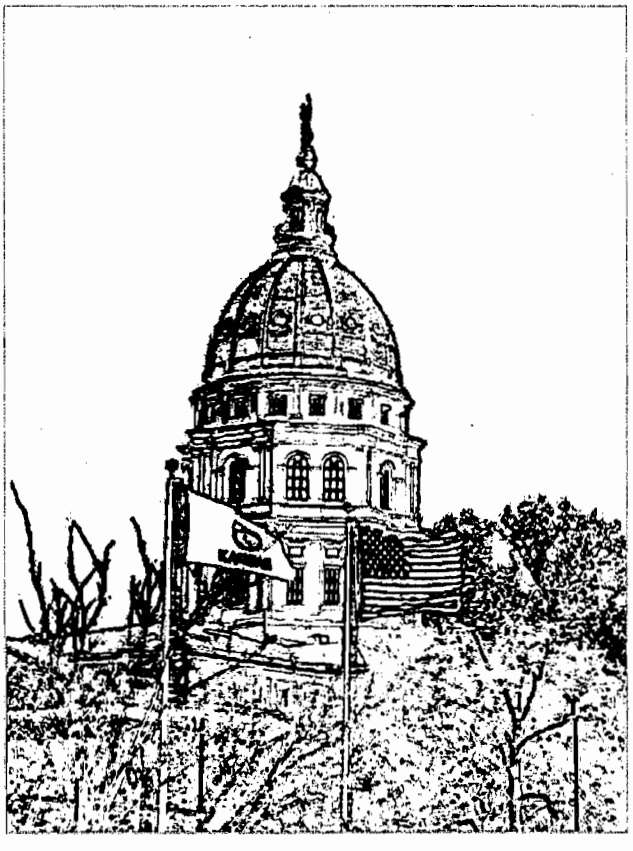
Governor's Blue Ribbon Task Force Recommendations Report on Immunizations



September 13, 2004

GOVERNOR'S BLUE RIBBON TASK FORCE ON IMMUNIZATIONS RECOMMENDATIONS REPORT

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A national study of immunization rates of children two years of age has shown Kansas to be among the lowest ten states in the country. In March 2004, a Task Force was convened to study the problem and make recommendations for action to improve the immunization status of children in Kansas. The Task Force met four times between March and August of 2004 and was comprised of individuals from diverse backgrounds who were committed to children's health issues. This report is the result of that effort.

The Task Force took a two-pronged approach to the recommendations. There were some recommendations that could be implemented immediately, for example changing the administration of the fourth dose of the diphtheria, tetanus, and pertussis to an earlier age, which the Task Force believes will lead to immunization rates in Kansas moving closer to the national average. A long-term approach involves developing programs that will increase access points for vaccinations across the State, helping to increase immunization rates to above the national average.

The Task Force recommendations are described in greater detail below.

Definition of the Problem

Kansas immunization rates for children two years of age (measured by the CDC's National Immunization Survey, or NIS) exhibited a decrease every year from 1998 to 2002.
This decrease is particularly noticeable for the fourth dose of diphtheria, tetanus, and pertussis (DTP4), administered after 18 months of age. Due to a shortage of vaccine in 2002 and 2003, national recommendations were issued to postpone, under certain circumstances, the fourth dose of DTP, which exacerbated this problem.

The trend towards lower coverage rates is also observed from other sources of data, such as the public health clinic assessments done through the Kansas Immunization Program or the CDC's retrospective study done at school enrollment. These rates put Kansas among the lowest ten states in the country.

Determining the cause or causes of these rate decreases is difficult. Work of the Task Force identified several possible explanations:

- Parental objections or refusal to provide immunizations for their children
- Inability for parents to obtain immunizations for their children
- Financial barriers
- Lack of providers
- Vaccine shortage

Review of the problem was undertaken by the Task Force via the Kansas Health Institute's (KHI) public health section headed by Dr. Gianfranco Pezzino. The KHI review indicated the following.

Voluntary enrollment at birth in the state immunization registry (through birth certificates) remained constantly high (around 95%) suggesting that parents do not refuse immunization for their children based on philosophical or other concerns.

Compared to the national average, Kansas has a disproportionate number of immunizations performed in the public sector (as opposed to private clinics.) For Kansas, the distribution is approximately 50% public, 50% private (one of the lowest public sector shares in the country.) The U.S. distribution is approximately 20% public, 80% private. This may indicate that a lack of private providers could be affecting rates.

Very little or no information is available on the differences in coverage rates by insurance status, but some limited data suggest that coverage may be substantially higher among privately insured children than among children eligible for the Vaccines for the Children (VFC) program. The statistic for Kansas given by the National Immunization Program at CDC was VFC-eligible at 50%, compared to insured at 81%.

Overall funding for vaccination activities in Kansas has decreased in the past ten years, both from state and from federal sources, while the cost of delivering all recommended vaccines to children has increased, in some cases dramatically. Kansas is one of the states in the nation with the lowest per capita expenditure for childhood immunizations. Most states with above-average per-capita expenditures also have above-average immunization rates.

Little information is available about the share of immunization costs between the private and the public sector. In particular, information about the number of children covered by private employers' health benefits plans (ERISA), and the nature of immunization benefits for those plans is not available.

Kansas does not have a functional immunization registry. The ability to monitor the timely administration of vaccinations, and to issue reminders and recalls for children who are late in their schedule, is an important component of a functional immunization system.

Kansas is one of the states with the lowest percentage of private provider participation in the government-funded VFC immunization programs. Some providers only administer vaccines to privately insured children, and others (particularly in rural areas) do not administer immunizations at all.

While the coverage rate at the age recommended for the administration of a vaccine is usually low, it increases in the following 6 to 12 months, in some cases exceeding national rates. For example, the coverage rate for three doses of DTaP (DTaP3) at 7 months is 63.7% in Kansas, versus 67.5% in the U.S. However, at the age of 19 months, 93.3% of children in Kansas have received three doses of DTaP, versus 87.3% in the U.S. Similar trends are observed for most of the vaccines scheduled to be administered in the first year of life. This suggests that parents do not refuse immunization for their children based on philosophical or other concerns.

There may be obstacles that prevent parents from immunizing their children on time, but do not represent an absolute barrier to accessing immunization services.

Task Force Findings

- Kansas parents are willing to have their children immunized.
- The Kansas immunization delivery system has some features that make it stand out compared to the rest of the country. In particular:
  - Low per-capita funding
  - Low participation of private providers
  - The characteristics of the Kansas immunization delivery system may make it more susceptible to any stressing element that may occur, such as a temporary shortage of a vaccine.
- Many of the children who do not receive their vaccinations on time are able to receive them within some months after the due date.
  - There may be barriers, such as difficulty to access immunization providers or cost of immunization services, that make it difficult for children to receive their immunizations on time.
  - There is clear evidence that children who start their immunizations late are less likely to be up to date at the age of 2 years, so this can help explain the low coverage rate of vaccines scheduled to be completed in the second year of life
- There are important gaps in the availability of information necessary to plan targeted interventions. In particular:
  - Coverage rates are not available for sub-groups, such as privately insured vs. VFC children, or private vs. public providers.
  - The level of immunization services offered by ERISA plans and commercial carriers, and the cost share for those services, are largely unknown. This makes it difficult to assess the true cost and sources of payment in the current immunization delivery system, and the potential fiscal impact of any changes introduced into that system.
  - Explanations for the low level of participation of private providers in the immunization delivery system are largely unknown.

Task Force Recommendations in Three Areas

1) Changes in Immunization Program Operations to Improve Rate

Immunization Registry Development

Parents and healthcare providers need access to complete and accurate immunization records for children to assure those children are adequately protected. Unlike many other states, Kansas does not currently have an immunization registry to assist parents and providers with maintaining a child's immunization records.

Immunization registry development is a priority for the State of Kansas. Therefore, KDHE will dedicate federally-provided resources for implementation of a new immunization registry system. Federal funding in the amount of $1.4 million has been secured and a contract is in place to customize a confidential, secure, web-based system for healthcare providers. Timelines for project development are: system development during the last half of 2004 and through 2005, with pilot testing by the beginning of 2006. Some of the important aspects of this project include:

- Automatic determination of the routine childhood immunization(s) needed, in compliance with current ACIP recommendations, when an individual presents for a scheduled immunization.
- Automatic identification of individuals due/late for immunization(s) to enable the production of reminder/recall notifications.

Change the Age for Administration of Fourth Dose of DTaP

Analysis of the Kansas immunization rates has shown that rates are at or above the national average for the first three of the four doses required for series completion. The rate for the fourth dose of Diphtheria, Tetanus, and Pertussis (DtaP) is far below the national average, resulting in a low rate for a complete series of immunizations. Other states with similar low rates for DTaP vaccine have begun campaigns to improve timely immunization with the fourth DtaP by changing the recommendation for administration of the fourth dose to an earlier point in a child's life. New Mexico has developed a "Done By One" campaign and Oklahoma has developed a campaign titled "OK by Two."

The Kansas Immunization Program will work with the Kansas Chapter of the American Academy of Pediatrics and the Kansas Academy of Family Physicians to implement a program of this type in Kansas.

Expand Immunization Reminder Systems

Reminder systems for notifying parents when immunizations are due or overdue are a proven method of raising immunization rates. During the past 20 years, many studies of the effectiveness of mail or telephone appointment reminders/recall have shown consistently important increases in patient compliance for vaccination as well as a variety of other scheduled health visits. The Standards for Child and Adolescent Immunization Practices call upon providers to develop and implement tracking systems that will both remind parents of upcoming immunizations and recall children who are overdue. The Advisory Committee on Immunization Practices supports the use of reminder/recall systems by all providers. Training and technical assistance provided to local health departments has resulted in reminder/recall systems being in place in all public health clinics.

Private providers need access to the training and technical support that is necessary for implementation of reminder/recall systems, as well the other Standards for Pediatric Immunization Practice, and the KDHE Immunization Program (KIP) should give private provider visits the same level of importance as public provider visits. The Kansas Immunization Registry will have the electronic capacity for doing reminder/recall activity, but until that system is available to providers, other cost-effective systems are available for providers. Whenever possible, KIP resources should be targeted for that activity.

Expand the Current, Successful Medicaid Immunization Outreach Project

The Kansas Immunization Program is conducting a Medicaid Immunization Outreach Project utilizing grant funding from the Kansas Department of Social and Rehabilitative services. The project, titled "Immunize and Win a Prize," provides incentives to parents bringing their children in on time for immunization services, and includes regular communication about immunizations to Medicaid recipients. Preliminary data indicates an increase in immunization rates in seven of the ten counties involved in the project, which is scheduled for completion in September. Additional funding has been secured from CDC through a supplemental funding request to allow expansion of a modified version of this project statewide for another year to all Vaccines For Children providers. Funds remaining in the Medicaid project budget and the new funding will be combined to provide incentives to be used by VFC providers for parents for the first four visits required for a completed series of immunizations by age two. Available funding will target 25,000 children served by VFC providers.

The Kansas Foundation for Medical Care is conducting a provider education component for the Medicaid Immunization Outreach Project. Their project began in March 2004, and involves onsite training designed to:

- Stimulate and encourage providers to improve childhood immunization rates within their practices.
- Present strategies for following the Standards for Child and Adolescent Immunization Practices.
- Discuss issues and barriers to improving immunization rates.

Support for these projects should continue if project activities result in a demonstrable improvement in immunization rates as determined by the "Childhood Immunization Measurement" of Medicaid immunization rates.

- Twelve month project duration
  Estimated budget: KDHE - $213,750 (funding already secured)
  KFMC - $211,500 (funding already secured)

Expand Current WIC/KDHE Partnership

A regular schedule of immunizations is recommended for children from birth to two years of age, which coincides with the period in which many low-income children participate in the Women, Infants, and Children Program (WIC). Studies have found significantly improved rates of childhood immunization and of having a regular source of medical care associated with WIC participation. Beginning in 2003, the Kansas Immunization Program has provided federal funding ($53,000) for a Medicaid Immunization Linkage project in Sedgwick County. The project consists of funding a nurse position dedicated to monitoring the immunization records of WIC clients, and has dramatically increased rates. Immunization rates have increased from 60% to 80% since the project started.

The position is responsible for training WIC staff regarding immunization record assessment, and for follow-up of all incomplete referrals for immunization services. Parents of children with incomplete immunizations receive reminder letters and phone calls to encourage needed immunizations.

The KIP should target a portion of future Federal funding for expansion of this project to the largest WIC service areas in the counties with the lowest immunization rates. This change in federal funding strategy will begin with new contracts initiated in State Fiscal Year 2006.

2) Improving Access to Immunization Services

Expand Access to Childhood Immunizations through the Child's Medical Home

Combining primary care and immunization services is believed to be an important factor in timely and complete vaccination, and was the motivation for the creation of the Vaccines for Children program in 1993. While nationally about 80% of vaccinations are administered in the private sector, private sector immunizations account for only about 50% of those given in Kansas. Although anecdotal reports provide some information about reasons for low private-sector participation in Kansas, there has been no systematic assessment of the barriers that prevent private-sector medical providers from offering childhood immunizations.

Input from physicians involved in the primary care of children needing immunization services is needed if barriers to the provision of those services are to be removed. A professional study of this issue would include representation of both urban and rural areas of the state and involve:

- Focus groups and site visits with providers
- A comprehensive survey of providers
- Partnership with professional organizations of healthcare providers

Timeframe for completion: 6 to 9 months
Estimated budget range: $100,000 to $150,000

3) Vaccine Costs

The Task Force spent a great deal of time discussing financing of vaccines and how vaccines could be made more readily available. Several states with higher immunization rates than Kansas are considered "Universal Coverage" states, meaning all vaccines are provided to all providers for all children regardless of insurance status. An initial analysis of this option for Kansas seemed cost prohibitive, although it was clear that more information was needed to completely evaluate the Universal Coverage option.

The Task Force recommends a study including the following elements be conducted with a timeframe for completion not to exceed six months or cost more than $100,000.

- Provide an overall description of the current system for financing childhood immunizations provided to Kansas children, including costs and how costs are shared between various entities.
- Investigate and describe how ERISA plans operating in Kansas cover childhood immunizations, including the numbers of children covered under such plans, and the levels of coverage or reimbursement provided.
- Analyze and describe the potential costs and benefits that would be associated with shifting to a statewide universal vaccine coverage program

Conclusion

The Task Force analysis of the State's immunization issue culminated into a two-tiered set of recommendations. The group recommends taking a set of immediate action steps that it believes will increase immunization rates, such as expanding outreach programs and changing the recommendation for the administration of a vaccine. Equally important are the set of long-term study recommendations, the results of which may hold the potential to increase the State's immunization rates to Healthy People 2010 objectives.

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